

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

101-150

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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50						
TOTAL IND.	14					
TOTAL DEP.	126					
TOTAL CLAIMS	140					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				101		
52				102		
53				103		
54				104		
55				105		
56				106		
57				107		
58				108		
59				109		
60				110		
61				111		
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65				115		
66				116		
67				117		
68				118		
69				119		
70				120		
71				121		
72				122		
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75				125		
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81				131		
82				132		
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86				136		
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89				139		
90				140		
91				141		
92				142		
93				143		
94				144		
95				145		
96				146		
97				147		
98				148		
99				149		
100				150		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS